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÷		• • • •	NUMBER FILE	D NUMBE	R EXTRA	BA	SIC FEE	370.00	OR	ASIC FEE	740.00	
OR	CUARGEARI	F CLAIMS	26 minus		76	—	(\$ 9=		OR	X\$18=	288.	00
_			:10 minus				X42=		OR	X84=	156	bÙ
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		+280=		
•				enter "0" in co	olumn 2	. L	OTAL		OR	TOTAL	1784	ن د
lf t			less than zero,	• • • •	• • •	• •	OIAL		0	OTHER	-0-0-0	
Ý	LAN NI.		MENDED -	PAH I II (Column 2)	(Column 3)	S	MALL I	ENTITY	OR _	SMALL] :
7		(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT : EXTRA ;	; .	rate,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
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ပ ဗ		(Column 1) CLAIMS REMAINING AFTER	\$ 4.	(Column 2) RIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	ιl
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